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A Free, One-Hour CME/CNE/CEP/NASW/CCMC/CPE

Satellite Broadcast

Release Date: August 18, 2004

12:00 p.m.–1:00 p.m. ET (live)

3:00 p.m.–4:00 p.m. ET (taped re-air)

Credit Expiration Date: August 18, 2005

On the Web: www.psychcme.net

A Surgeon General's Perspective on the Impact of Race, Ethnicity, and Culture on Mental Illness



In cooperation with the National Center for
Primary Care at Morehouse School of Medicine.



MOREHOUSE
SCHOOL OF MEDICINE

This continuing education activity is provided by



*CME Outfitters, LLC, gratefully acknowledges an educational grant
from Wyeth Pharmaceuticals in support of this CE activity.*

TV-009-081804-07

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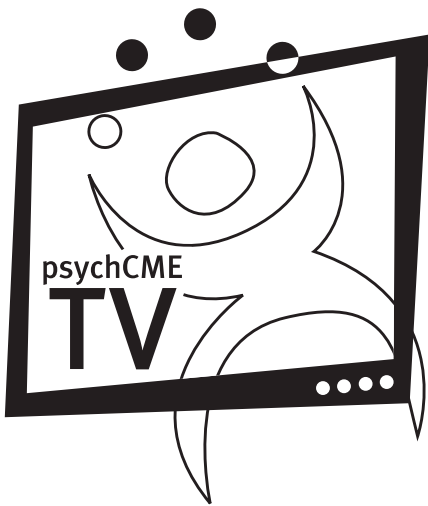
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FACULTY

David Satcher, MD, PhD

Geetha Jayaram, MD

psychCME Chair and Moderator

Prakash S. Masand, MD

Syllabus and Course Guide

Presented by



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Information for Participants

Statement of Need

The benefits of ongoing medical advances are often denied to patient populations whose access to care is limited due to race, ethnicity, education, and other socioeconomic parameters. This is especially true with regard to mental health services, where suboptimal care may result from stigma and metabolically mediated differences in response to treatment, especially among underserved populations. Furthermore, a recent study identified "cumulative adversity" as a risk factor for developing a depressive or anxiety disorder, and looked at its prevalence among specific ethnic groups. How can clinicians address and surmount these and other challenges posed by race and ethnicity? In this evidence-based psychCME TV activity, the experts will frame the social, metabolic, racial, and ethnic issues that affect the optimal treatment of mental illness.

Activity Goal

To identify and synthesize the impact of race and ethnicity in the delivery of optimal mental health care.

Learning Objectives

At the end of this CE activity, participants should be able to:

- Identify cultural, racial, and ethnic differences in perception of mental illness, diagnosis, access to treatment, and drug metabolism.
- Describe risk factors for mental illness associated with racial and ethnic characteristics.
- Utilize a multidisciplinary treatment team interface to foster optimal treatment of mental illness in underserved populations.

Target Audience

Physicians, nurses, psychologists, social workers, certified case managers, pharmacists, and other healthcare professionals with an interest in mental health.

Credit Information

CME Credit (Physicians)

CME Outfitters, LLC, is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CME Outfitters, LLC, designates this educational activity for a maximum of 1.0 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

CNE Credit (Nurses)

This Educational Activity is presented by CME Outfitters, LLC, which has been approved as a provider of continuing education by the New York State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. It has been assigned code 5UYSJZ-PRV-0425. (1.2 contact hours)

CEP Credit (Psychologists)

CME Outfitters, LLC, is approved by the American Psychological Association to offer continuing education for psychologists. CME Outfitters, LLC, maintains responsibility for the program. (1.0 CE credits)

NASW Credit (Social Workers)

This program was approved by the National Association of Social Workers (provider #886407722) for 1 continuing education contact hour.

CCMC Credit (Certified Case Managers)

This program has been approved for 1 hour by the Commission for Case Manager Certification (CCMC).

CPE Credit (Pharmacists)



CME Outfitters, LLC, is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. 1.2 contact hours (0.12 CEUs)

Universal Program Number: 376-999-04-024-L01 (live presentation)

376-999-04-024-H01 (recorded programs)

Commercial Support

CME Outfitters, LLC, gratefully acknowledges an educational grant from Wyeth Pharmaceuticals in support of this CE activity.



Credit Requirements

Successful completion of this CE activity includes the following:

- Participate in the live or recorded educational activity and review the course materials.
- Complete a credit request form and activity evaluation. Successfully complete the post-test and record your responses on the credit request form.
- Submit completed forms via FAX to **301.897.3506** or mail to:
CME Outfitters, LLC
6903 Rockledge Drive, 8th Floor
Bethesda, MD 20817
Attention: Program Registrar
- Questions? Please call **877.CME.PROS**.

Forms must be submitted within 30 days of completion of activity. Participants will receive a certificate or statement of credit within 4–6 weeks following receipt of the credit request form and activity evaluation form. There is no fee for participation in this activity. The estimated time for completion of this activity is 60 minutes.

psychCME TV Faculty Bios & Disclosures

David Satcher, MD, PhD

Dr. David Satcher completed his four-year term as the 16th Surgeon General of the United States in February 2002. He also served as Assistant Secretary for Health from February 1998 to January 2001, making him only the second person in history to have held both positions of Surgeon General and Assistant Secretary for Health simultaneously.

In January 2002, Dr. Satcher was named the Director of the new National Center for Primary Care at the Morehouse School of Medicine in Atlanta, Georgia. Before assuming this post in September 2002, he served as a Senior Visiting Fellow with the Kaiser Family Foundation, where he spent time reflecting and writing about his experiences in government and consulting on public health programs.

From 1993 to 1998, Dr. Satcher served as Director of the Centers for Disease Control and Prevention and Administrator of the Agency for Toxic Substances and Disease Registry. Before that, he was President of Meharry Medical College in Nashville, Tennessee, from 1982 to 1993. Prior to that, Dr. Satcher served as professor and chairman of the Department of Community and Family Medicine at Morehouse School of Medicine and King Drew Medical Center while also serving on the faculty of University of California at Los Angeles.

As Surgeon General and Assistant Secretary for Health, Dr. Satcher spearheaded the development of Healthy People 2010 which included the elimination of racial and ethnic disparities in health as one of its two goals. He also released 14 Surgeon General's reports on topics that included tobacco and health; mental health; suicide prevention, oral health; sexual health; youth violence prevention; and overweight and obesity.

Dr. Satcher, a Morehouse College graduate (1963), is a former Robert Wood Johnson Clinical Scholar and Macy Faculty Fellow. He is the recipient of over 40 honorary degrees and numerous distinguished honors, including top awards from the leading health professional organization. In 2004, he received the "Voice of Conscience Award" from Aetna for his work toward eliminating health disparities. In 2002, he received the "Rhoda and Bernard Sarnat International Prize in Mental Health" and the "City of Medicine Award."

Geetha Jayaram, MD

Dr. Jayaram is an Associate Professor of Psychiatry and Behavioral Sciences and Associate Professor at the School of Health Policy and Management at the Johns Hopkins University School of Medicine. She is an administrator, teacher, and researcher. She also has been in private practice for over two decades.

She completed her residency in psychiatry at Hopkins, served as Chief Resident, and completed a fellowship in community psychiatry. She has held numerous leadership positions: she directed a community psychiatry clinic, has been medical director for several of them, and has served on special committees for the state governor and for national and international associations. She is the first International Medical Graduate to chair the Scientific Program Committee for the American Psychiatric Association for two years. She was also the elected Chair for the International Medical Graduate Council of the American Medical Association, among other leadership positions.



Dr. Jayaram has published and presented numerous papers in leading journals, as well as abstracts and lectures. She has been awarded many honors, is a distinguished fellow of the American Psychiatric Association, and a visiting professor at the St. Johns Academy of Health Sciences in Bangalore, India. She is listed among "America's Who's Who" of medical professionals. Her interests include researching patient safety and quality of care.

Prakash S. Masand, MD, psychCME Chair

Dr. Masand is Consulting Professor of Psychiatry at Duke University Medical Center in Durham, North Carolina. He is the section editor for *Current Psychiatry Reports* and has published more than 200 articles, abstracts, and book chapters. Dr. Masand is the psychCME Chair, host of psychCME TV, and editor of psychCME *REPORTS*.

Disclosure Declaration

It is the policy of CME Outfitters, LLC, to ensure independence, balance, objectivity, and scientific rigor and integrity in all its CE activities. Faculty must disclose to the participants any significant relationships with commercial companies whose products or devices may be mentioned in faculty presentations, or with the commercial supporter of this CE activity. The following information is for participant information only. It is not assumed that these relationships will have a negative impact on the presentations.

Dr. Satcher has disclosed that he receives grants from Wyeth Pharmaceuticals and that he serves on the Board of Directors of Johnson & Johnson.

Dr. Jayaram has disclosed that she is on the speakers bureaus of and serves as a consultant to Cephalon, Inc., GlaxoSmithKline, and Janssen Pharmaceutica.

Dr. Masand has disclosed that he receives grant and research support from AstraZeneca, Bristol-Myers Squibb, Forest Laboratories, GlaxoSmithKline, Ortho-McNeil, Janssen Pharmaceutica, and Wyeth. He is a consultant to Bristol-Myers Squibb, Forest Laboratories, GlaxoSmithKline, Health Care Technology, Janssen Pharmaceutica, Organon, Pfizer Inc., and Wyeth. He is on the speakers bureaus of Abbott Laboratories, AstraZeneca, Bristol-Myers Squibb, Eli Lilly and Company, Forest Laboratories, GlaxoSmithKline, Janssen Pharmaceutica, Novartis, Pfizer Inc., and Wyeth. Dr. Masand owns stock in Bristol-Myers Squibb and psychCME, Inc.

Unlabeled Use Disclosure

Faculty of this CE activity may include discussions of products or devices that are not currently labeled for use by the FDA. The faculty have been informed of their responsibility to disclose to the audience if they will be discussing off-label or investigational uses (any uses not approved by the FDA) of products or devices.

CME Outfitters, LLC, the faculty, and Wyeth Pharmaceuticals do not endorse the use of any product outside of the FDA labeled indications. Medical professionals should not utilize the procedures, products, or diagnosis techniques discussed during this activity without evaluation of their patient for contraindications or dangers of use.

Activity Slides

The slides that are presented in this activity are available for download and printout at the psychCME website:

www.psychcme.net. Registration is required; please follow links for **psychCME TV**. Activity slides may also be obtained via fax or email by calling **877.CME.PROS**.





A Surgeon General's Perspective
on the Impact of Race, Ethnicity,
and Culture on Mental Illness
August 18, 2004

psychCME is the evidence-
based series of CE activities
developed at Duke University
Medical Center.

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The course guide for this activity includes slides, disclosures of faculty financial relationships, and biographical profiles.

For additional copies of these materials, please visit www.psychCME.net or call 877.CME.PROS.

To receive CE credits for this activity, participants must complete and submit both a Credit Request Form and an Activity Evaluation Form, which are included in the course materials.

Please be sure to indicate the media format utilized (live broadcast, live webcast, Internet archive, or rebroadcast/videotape) and the date of participation on the forms provided.

The faculty have been informed of their responsibility to disclose to the audience if they will be discussing off-label or investigational uses (any use not approved by the FDA) of products or devices.





A Surgeon General's Perspective
on the Impact of Race, Ethnicity,
and Culture on Mental Illness
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psychCME TV Learning Objectives

- I. Identify cultural, racial, and ethnic differences in perception of mental illness, diagnosis, access to treatment, and drug metabolism

psychCME TV Learning Objectives

- II. Describe risk factors for mental illness associated with racial and ethnic characteristics

psychCME TV Learning Objectives

- III. Utilize a multidisciplinary treatment team interface to foster optimal treatment of mental illness in underserved populations



What Is Culture?

- The integrated pattern of human behavior that includes thought, speech, action, and artifacts - depends upon the human capacity for learning and transmitting knowledge to successive generations
- Also, the customary beliefs, social forms, and material traits of a racial, religious, or social group

What Is Ethnicity?

Belonging to, or distinctive of, a particular racial, cultural, or language division of mankind

U.S. Population of Ethnic Minorities

	Percentage (%)
Hispanic-Americans	12.5
Asian-Americans	4.2
African-Americans	12.9
Native Americans	1.5
Other	6.6

Based on 2000 US Census Bureau data.
US Census Bureau, Census 2000 Summary File 1.

Impact of Mental Illness on Minorities

Minorities experience greater disability and limitations in daily activities from mental illnesses than their Caucasian counterparts – not because their illnesses are more severe or more prevalent than Caucasians, but because of the barriers they face in terms of access to care and utilization of services



All Cultures at Risk

Cultural, racial, ethnic groups differ in prevalence in their...

- Need for mental health services
- Rates of availability of services
- Access to services
- Rates of utilization of services
- Types of treatments received

Cultural Expressions of Illness

- Notions of sickness are derived from systems of medical understanding that exist within a culture
- Epistemic systems dictate how an individual expresses suffering
- Indigenous systems of medicine peculiar to a culture exist alongside the practice of Western medicine in many countries (example: Yin and Yang, "Hot and Cold")

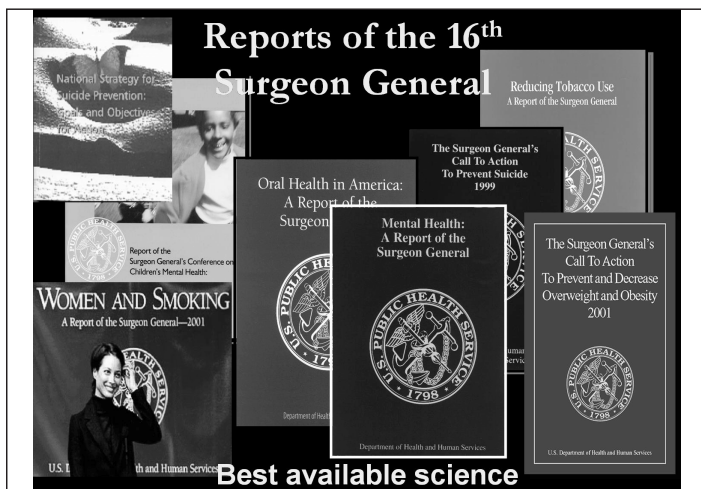
The ECA Study

- The Epidemiological Catchment Area Study and the National Comorbidity Survey
- Found few consistent ethnic differences when socioeconomic status was controlled
- African-Americans had a lower prevalence of most mental disorders, including schizophrenia, when compared to Caucasians
- Studies did not include jail/inpatient populations among whom minorities may be over represented (ECA 23.8% blacks vs. 10.2% nationally, 7.8% Hispanics vs. 5.6%)

Other Differences

- Using the ECA data, Lopez in 1993 reported significant differences between Caucasians and Latinos
- Both Hispanics and African-Americans are more likely to be diagnosed as having a psychotic disorder or schizophrenia over an anxiety or affective disorder (Adibempe, Bell, Shukla, Brown, Skaer, Sussman)





Mental Illness and Minorities

- African-Americans
- Hispanics
- Asian-Americans/Pacific Islanders
- American Indians/Alaska Natives

Risk Factors

- Low SES (income, education, occupation)
- Multigenerational poverty
 - Those living in poverty are 2-3x more likely to have a mental disorder
- Racism and discrimination
- Neglect, lack of nurturing in childhood
- Violence
- Mistrust of system
 - Fear of being experimented upon
- Stigma

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Mental Illness and African-Americans*

- More likely to experience disability from mental disorders than their Caucasian counterparts
- Less likely to seek treatment
- When they do seek treatment...
 - more likely to use the ER for mental health care
 - more likely to receive inpatient care

*DHHS, SG Supplemental Report on Mental Health: Culture, Race, and Ethnicity, 2001.



Mental Illness and Hispanics*

- Rate of mental illness tends to be similar to that among Caucasians
- Less likely than Caucasians to receive needed mental health care
- But, Hispanic women tend to suffer from depression more often than Hispanic men

*DHHS, SG Supplemental Report on Mental Health: Culture, Race, and Ethnicity, 2001.

Mental Illness and Asian-Americans/Pacific Islanders*

- Only 25% as likely as Caucasians and 50% as likely as African-Americans and Hispanics to seek outpatient care
- Less likely than Caucasians to receive inpatient care
- When they do seek care, more likely to be misdiagnosed as “problem-free” even when they have a problem

*DHHS, SG Supplemental Report on Mental Health: Culture, Race, and Ethnicity, 2001.

Mental Illness and American Indians/Alaska Natives*

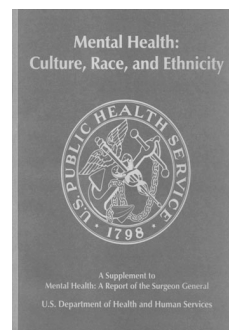
- Higher rates of psychiatric hospitalization
- Higher rates of suicide and substance abuse in younger age groups
- More research is needed
- Tend to rely on traditional healing methods

*DHHS, SG Supplemental Report on Mental Health: Culture, Race, and Ethnicity, 2001.

Culture Counts with Patients

Culture impacts...

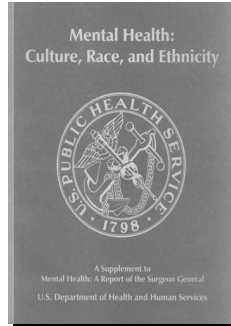
- How they manifest and describe illnesses
- How they cope with illnesses
- The type of stresses they experience
- Whether they are willing to seek treatment



Culture Counts with Health Care Professionals

Culture impacts...

- The way we diagnose patients
- The kind of treatments we offer patients
- How services are organized and financed



CRASH - Course Concepts

Culture
Respect
Assess/Affirm
Sensitivity/Self-Awareness
Humility

Treatment Concerns

- Training of bilingual therapists or therapists of the same cultural background; using family/clergy
- Using standardized instruments rather than subjective assessments of anxiety
- Understanding cultural concepts of time, food/gifts, destiny or fatalism
- Understanding under-reporting of symptoms in many minority cultures
- Validity to be established by appropriate questions used: What does the patient think is important?

Pharmacology and Asians

- Genotype and ability to metabolize certain compounds affect both pharmacokinetics and pharmacodynamics
- Plasma levels of antipsychotics found to be higher in Asian patients in comparison with non-Asians for the same dose - 52% higher in Chinese patients
- Korean-Americans had lower mean clozapine concentrations than Caucasians, and experienced greater number of side effects (Matsuda)
- Pi/others have shown that Asians require lower doses of TCAs, others have failed to confirm this

Choices in African-Americans

- Higher risk of TD
- Higher levels of TCAs on lower doses
- CYP2D6*17 and CYP2D6*10 - higher frequencies than among Caucasians
- Herbal remedies used in sub groups
- Lifestyle, structure of treatment is important

Use of Benzodiazepines

- In a survey of 29 medical schools in 9 Asian countries, doses of benzos used to treat anxiety were noted to be somewhat higher than in the US, although maintenance doses were similar (Pi/others)
- Asian groups had greater AUCs and peak plasma concentration of alprazolam than Caucasians; foreign-born Asians experienced more sedation than American-born Asians (Lin, et al.)

Baltimore/Delhi Survey

- 70 randomly selected practicing psychiatrists were interviewed in the two cities
- Differences in practice, diagnoses, and treatment were noted using a questionnaire
- Questions had to do with practice patterns, use of therapy, medications, family roles
- Cultural differences were analyzed

Baltimore/Delhi Survey

	Delhi (N = 34)	Baltimore (N = 34)	
Treatment of Disorders	Majority Percentage	Majority Percentage	Significance
Major depression	57.6 Meds > psychotx	71.4 Meds ≈ psychotx	p < 0.05
Schizophrenia	70.6 Meds > psychotx	60.0 Meds > psychotx	NS
Generalized anxiety disorder	73.5 Meds ≈ psychotx	68.6 Meds ≈ psychotx	NS
Somatization disorder	47.1 Meds < psychotx	52.9 Meds < psychotx	NS
Adjustment disorders	68.8 Meds < psychotx	85.3 Meds < psychotx	NS

> = more important; < = less important; ≈ = as important.
Wasan/Jayaram study.

Results of the Baltimore/Delhi Survey

- Presenting complaints were more likely to be diagnosed as GAD than panic disorder
- Significant differences were noted on number of patients as well as new patients seen daily; less time was spent in follow up per patient; medications were offered more often than psychotherapy in Delhi; patients were less likely to be informed of side effects
- Doctors were more likely to assist families in “secretly” medicating their ill relative

Role of the Multidisciplinary Treatment Team

Ethical Issues

Clinical Pearls

- Treatments always need to be individualized in the clinical setting to each patient's
 - Race
 - Ethnicity
 - Culture
 - Age
 - Gender

Clinical Pearls

- Treatment and children with mental disorders
 - When treating children with mental disorders, it is important that it be carried out in the context of family and community

Clinical Pearls

- The changing cultural face of American society is neglected in medical care
- Diagnosis and treatment of anxiety disorders must take cultural factors into consideration
- More research, both pharmacological and psychotherapeutic, of different cultural groups is warranted

Appendix A: Kleinman's Questions to Assess Health Beliefs

- What do you call your problem?
(What name does it have?)
- What do you think caused your problem?
- Why do you think it started when it did?
- What does your sickness do to you?
(How does it work?)
- How severe is it?

Appendix A: Kleinman's Questions to Assess Health Beliefs

- Will it have a short or long course?
- What do you fear most about your disorder?
- What problem has your sickness caused for you?
- What kind of treatment do you think you should receive?
- What are the most important results you hope to receive from the treatment?



Appendix B: Questions We Must Ask

- Are there flaws in the methodology used that fail to detect anxiety, particularly associated with depression?
- Are there stresses derived from the group's acculturation history or experience of discrimination?
- Are there preferred modes of displaying distress?

Appendix C: Rules of Medicating

- Substantial individual variation in drug responses is the rule rather than the exception; genetic polymorphism dictates how drugs are metabolized
- Socio-demographic variables affect medication compliance, and must be addressed
- Ethnic/cultural differences must be considered in prescribing antianxiety agents and antidepressants



Raising the Bar for Patient Outcomes
- New Approaches to Understanding
Metabolic Effects: Is It the Patient or
the Medication?
September 1, 2004

www.psychCME.net



Post-Test

Participants are required to complete the post-test to assess their achievement of the educational objectives for this activity. To obtain a certificate or statement of credit, you must complete the post-test and indicate your answers on the **Post-Test Responses** section found on the credit request form. You must complete both this post-test and the evaluation to receive credit. A score of 70% is required for credit.

A Surgeon General's Perspective on the Impact of Race, Ethnicity, and Culture on Mental Illness

- Culture is defined as an integrated pattern of human behavior that includes which of the following?
 - Thought
 - Speech
 - Actions
 - All of the above
 - None of the above
- According to 2002 U.S. Consensus Bureau data, which of the following series of statistics correctly captures the breakdown of ethnic minorities in the U.S. population?
 - Hispanic-Americans: 54%, Asian-Americans: 1.5%, African-Americans: 5.7%, Native-Americans: 5.2%
 - Hispanic-Americans: 24.5%, Asian-Americans: 24.2%, African-Americans: 1.5%, Native-Americans: 7.5%
 - Hispanic-Americans: 12.5%, Asian-Americans: 4.2%, African-Americans: 12.9%, Native-Americans: 1.5%
 - Hispanic-Americans: 15.2%, Asian-Americans: 54%, African-Americans: 3.2%, Native-Americans: 9.9%
 - None of the above
- True or False: Because of the barriers they face in terms of access to care and utilization of services, minorities with mental illness experience greater disability and limitations in daily activities than their Caucasian counterparts.
 - True
 - False
- Cultural, racial, and ethnic groups differ in prevalence with respect to which of the following?
 - Need for mental health services
 - Rates of availability of services
 - Rates of utilization of services
 - Types of treatments received
 - All of the above
- Which of the following statements regarding the ECA study is **true**?
 - "ECA" stands for the Environmental Collective Area Study
 - This study found few consistent ethnic differences when socioeconomic status was controlled
 - African-Americans had a higher prevalence of most mental disorders, including schizophrenia, when compared to Caucasians
 - All of the above
 - None of the above
- Which of the following risk factors deters treatment of mental illness in minorities?
 - Multigenerational poverty and racism/discrimination
 - Violence and stigma
 - Mistrust of the system
 - All of the above
 - None of the above
- With respect to mental illness in African-Americans, which of the following statements is **true**?
 - They are more likely to seek treatment
 - When they do seek treatment, they are more likely to use the ER for mental health care
 - They are less likely to experience disability from mental disorders than their Caucasian counterparts
 - All of the above
 - None of the above
- With respect to mental illness in Hispanic-Americans, which of the following statements is **true**?
 - Their rate of mental illness tends to be similar to that among Caucasians
 - They are more likely than Caucasians to receive needed mental health care
 - Hispanic men tend to suffer from depression more often than Hispanic women
 - All of the above
 - None of the above
- True or False: American-Indians and Alaska Natives with mental illness experience low rates of suicide and substance abuse in younger age groups.
 - True
 - False
- With respect to mental illness and minorities, current treatment concerns include which of the following?
 - Training of bilingual therapists or therapists of the same cultural background
 - Understanding cultural concepts of time, food/gifts, destiny, or fatalism
 - Understanding under-reporting of symptoms in many minority cultures
 - All of the above
 - None of the above





CE Credit Request Form

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To receive CE credit, you must complete both this form and an evaluation form, and return the completed forms via mail to CME Outfitters, 6903 Rockledge Drive, 8th Floor, Bethesda, MD 20817; or, FAX to 301.897.3506 for fastest service. **Forms must be submitted within 30 days of completion of activity.** A certificate or statement of credit will be mailed to you within 4–6 weeks of our receiving this form and the evaluation form.

PLEASE PRINT CLEARLY (Form must be filled out completely to process certificate)

First Name, MI, Last Name: _____

Specialty Area: _____

I am a: ☐ U.S. Licensed Physician ☐ Nurse ☐ Psychologist
☐ Social Worker ☐ Pharmacist ☐ Other: _____

Degree: ☐ MD ☐ DO ☐ PhD ☐ NP ☐ RN ☐ PharmD ☐ MSW ☐ Other: _____

I participated in a: ☐ LIVE broadcast ☐ LIVE webcast ☐ LIVE audio feed ☐ Internet archive ☐ Rebroadcast/Videotape

Participation Date: _____ / _____ / _____

Complete Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Email: _____

Type of CE credit requested: ☐ CME/Physicians (max. 1.0 _____) ☐ CNE/Nurses (1.2) ☐ CEP/Psychologists (1.0)
☐ NASW/Social Workers (1.0) ☐ CPE/Pharmacists (1.2) ☐ Others (1.0 CME Attendance Certificate)

NOTE: Unless requesting multiple types of CE credit, Certified Case Managers are only required to complete the attached CCMC Verification of Completion and CE Activity Evaluation forms.

Please see booklet pages 2–3 for credit information and requirements.

How long did it take you to complete this activity? _____ hours _____ minutes

Post-Test Responses (Enter letter of correct response; 70% score required for credit):

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____

How did you learn about this continuing education event?

☐ Brochure/direct mail ☐ Brochure/from rep ☐ Email ☐ Internet ☐ Colleague recommended ☐ Other: _____

Please rate your interest in participating in future psychCME educational activities (1=highly interested, 5=uninterested): _____

What formats do you prefer for learning? (Please rank the top three; 1 = most preferred):

_____ Symposium _____ Audioconference _____ Internet _____ CD-ROM
_____ Journal _____ Satellite Broadcast _____ Monograph _____ Other: _____

As a result of my participation in this activity, I will commit to:

- | | | |
|--|------------------------------|-----------------------------|
| • Sharing information from this activity with staff and colleagues. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Utilizing the assessment tools described in this activity to develop an individualized management/care plan for each of my patients. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Analyzing overall improvement in patient management/care through use of the therapeutic options described in this activity. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Commercial supporters occasionally ask for a participant list (name, city, state) for internal outcomes research only. No promotional materials will be sent to you as a result of being on this list.

☐ Do not include my name on this list.

Signature: _____ Date: _____



CE Activity Evaluation

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1. The content level was: ☐ Too easy ☐ About right ☐ Too difficult

Strongly Agree

Strongly Disagree

2. Objectives were related to the overall purpose/goal of the activity (to identify and synthesize the impact of race and ethnicity in the delivery of optimal mental health care). 5 4 3 2 1

3. The course met the stated objectives:

- Identify cultural, racial, and ethnic differences in perception of mental illness, diagnosis, access to treatment, and drug metabolism. 5 4 3 2 1
- Describe risk factors for mental illness associated with racial and ethnic characteristics. 5 4 3 2 1
- Utilize a multidisciplinary treatment team interface to foster optimal treatment of mental illness in underserved populations. 5 4 3 2 1

4. The educational materials were useful. 5 4 3 2 1

5. The visual aids were useful and appropriate. 5 4 3 2 1

6. The overall activity was excellent. 5 4 3 2 1

7. The physical environment was conducive to learning. 5 4 3 2 1

8. Rate the quality of the faculty member(s) listed below, from 5 (Excellent) to 1 (Poor):

Speaker	Content	Clinical Relevance	Teaching Strategies	Level of Expertise
David Satcher, MD, PhD	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Geetha Jayaram, MD	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Prakash S. Masand, MD	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

9. Will you change the way you practice based on this activity? ☐ Yes ☐ No

If no, is it because you already practice this way? ☐ Yes ☐ No

If no, please explain: _____

10. Do you feel the activity was balanced and objective? ☐ Yes ☐ No

If no, please state reasons: _____

11. Do you feel the activity was free of commercial bias? ☐ Yes ☐ No

If no, did it negatively impact the educational value of this activity? ☐ Yes ☐ No

If yes, please state reasons: _____

12. What was the most useful information you gained from this activity? _____

13. Suggested topics for future activities: _____

14. General comments/suggestions: _____

15. I participated in a: ☐ LIVE broadcast ☐ LIVE webcast ☐ LIVE audio feed ☐ Internet archive ☐ Rebroadcast/Videotape

16. Participation date: _____ / _____ / _____

17. I am a: ☐ U.S. Licensed Physician ☐ Nurse ☐ Psychologist
☐ Social Worker ☐ Case Manager ☐ Pharmacist ☐ Other: _____

Thank you for your feedback. Your comments will be reviewed carefully and ultimately used to guide the development of our future continuing education activities.



CME Outfitters, LLC
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Sponsor Code
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Contact Person
301.214.8972
Phone Number for Contact Person

PROGRAM/ACTIVITY INFORMATION (To be completed by program/activity sponsor.)

A Surgeon General's Perspective on the Impact of Race, Ethnicity, and Culture on Mental Illness - various 2004
Program/Activity Title
Through 12/31/04
Program/Activity Date or Date of Completion
6352022906
Approval Number
Signature of Individual in Charge of Verifying Attendance/Completion
1.00
Clock Hours Attended/Completed
8/18/04
Date of Signature

PARTICIPANT INFORMATION (To be completed by participant prior to submission.)

Name
Street Address
City/State/Zip Code

Certificate Number
Daytime Telephone Number

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psychCME TV Satellite Broadcast Attendance Form for Groups

Please complete and FAX to **301.897.3506**

Broadcast Title and Faculty:

A Surgeon General's Perspective on the Impact of Race, Ethnicity, and Culture on Mental Illness,
with David Satcher, MD, PhD, Geetha Jayaram, MD, and Prakash S. Masand, MD

Site/Institution Name: _____

Practice Setting: ☐ Community Mental Health ☐ State Mental Health ☐ Private Practice ☐ Primary Care ☐ Other: _____

Address: _____

City: _____ State: _____ ZIP: _____

Site Coordinator: _____ Phone: _____

Fax: _____ Email: _____

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Attendee Name	Please Circle Discipline			
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_____	MD	RN	Pharm	Other: _____
_____	MD	RN	Pharm	Other: _____
_____	MD	RN	Pharm	Other: _____
_____	MD	RN	Pharm	Other: _____
_____	MD	RN	Pharm	Other: _____
_____	MD	RN	Pharm	Other: _____
_____	MD	RN	Pharm	Other: _____
_____	MD	RN	Pharm	Other: _____
_____	MD	RN	Pharm	Other: _____
_____	MD	RN	Pharm	Other: _____
_____	MD	RN	Pharm	Other: _____
_____	MD	RN	Pharm	Other: _____
_____	MD	RN	Pharm	Other: _____
_____	MD	RN	Pharm	Other: _____
_____	MD	RN	Pharm	Other: _____
_____	MD	RN	Pharm	Other: _____

Please FAX completed form to 301.897.3506 and use additional sheets as necessary.
Questions? Call 877.CME.PROS. Thank you for participating in psychCME TV!